General Interest Program - Registration Form

PLEASE PRINT CLEARLY. INCOMPLETE OR ILLEGIBLE INFORMATION COULD AFFECT YOUR REGISTRATION. PLEASE COMPLETE THIS FORM IF YOU ARE REGISTERING IN PERSON, BY FAX (613-239-2679), OR BY MAIL.

NAME _____ M/F:_____ DATE OF BIRTH: _____
Last Name, First Name M / D / Y

NAME _____ M/F:_____ DATE OF BIRTH: _____
Last Name, First Name M / D / Y

CHILD'S NAME (if applicable): _____ DATE OF BIRTH: _____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME TEL _____ WORK TEL _____

e-mail address_____ CELL TEL _____

LOCATION	COURSE/WORKSHOP	COURSE CODE	TIME	DAY	START DATE	FEE($)

GST has been included where applicable
See page 42 for Course Cancellation/Refund Policy and Course Withdrawal/Refund Policy. No post-dated cheques can be accepted. Please make cheques payable to: **Ottawa-Carleton District School Board**. Thank you!
(Supply fee is to be paid directly to the instructor on the first night of class).

☐ MasterCard™ Mastercard ☐ VISA™ VISA ☐ AMEX™ Amex ☐ Money Order ☐ Cheque

Credit Card # _____ ___/___ _____
Expiry Date Cardholder's Name

Authorized Signature _____

Please note confirmations will be sent via e-mail or Canada Post.